

**Notice of Funding Availability & Application Instructions**  
**PY 2007**  
**Emergency Shelter Grant Program**  
**Cobb County Community Development Block Grant Program Office**

**Purpose:**

The Cobb County Community Development Block Grant [CDBG] Program Office is accepting applications for funding through the Program Year [PY] 2007 Emergency Shelter Grant [ESG] Program, authorized under the Stewart B. McKinney Homeless Assistance Act. This program may provide emergency shelter, supportive services, or homeless prevention activities for homeless or at-risk families and individuals in Cobb County during the period January 1, 2007 through December 31, 2007.

**Funding Available:**

The U.S. Congress has not yet appropriated ESG funds for PY 2007, and Applicants should be aware that any ESG funds available to Cobb County might vary from the level of funding in previous years. For planning purposes, Cobb County will use the ESG PY 2006 funding amount of (\$143,000.00). Cobb County uses approximately 5% [\$7,150.00] to administer the program. Approximately \$135,850.00 would be available for service delivery by applicant agencies. To make the most effective use of these limited funds, Cobb County encourages organizations to work together cooperatively in meeting the needs of the homeless, including interagency referrals or agreements to assure that the population most in need is served efficiently.

Funds will be available on a monthly **reimbursement** basis.

A 100% non-federal match will be required from agencies chosen for funding.

**Eligible ESG Services:**

Eligible activities are those services which will provide emergency shelter and related assistance to homeless families and individuals in Cobb County, including:

- a. **Shelter Operations** (including administration but excluding staffing costs except for staff directly involved in shelter operations), rent, repair, security, fuels, equipment, insurance, utilities, and furnishings;
- b. **Provision of essential services**, such as those concerned with employment, health, drug abuse, education, obtaining permanent housing, medical and psychological counseling, employment counseling, nutrition counseling, substance abuse treatment and counseling, child care, transportation, job placement, job training, and assistance in obtaining other services;
- c. **Prevention of homelessness**, including rent and utility payments to prevent eviction or utility shutoff;
- d. **Renovation, rehabilitation, or conversion of buildings** for use as emergency shelters for the homeless.

**Eligible Applicants:**

Applicants must be public agencies or non-profit organizations currently providing services for homeless or disadvantaged families/individuals in Cobb County, or have a history of providing similar services. Non-profit organizations must be duly incorporated under Georgia law and possess a current 501(c)(3) designation from the Internal Revenue Service. All applicants must conduct an annual or program specific audit prepared in compliance with Federal audit requirements.

**Application Procedures:**

Interested organizations should complete and submit the attached application by **5:00 PM on April 21, 2006**. Applications must be **received** at the following address by this time, not postmarked:

Cobb County CDBG Program Office  
127 Church Street, Suite 270



Marietta, GA 30060



## INSTRUCTIONS

### Cobb County PY 2007 ESG Application

Submit **ONE ORIGINAL AND ONE COPY** to the Cobb County CDBG Program Office. Complete the agency information as indicated. Be sure to list the contact person who is familiar with this application.

- I. Please list the services you propose to provide using the grant funds requested. If multiple funding sources will be used to provide services (as will be the case for many organizations) please show the number of persons to be served and units of service to be provided with **only the ESG funds being requested**. For reporting purposes only, this may require that you determine per a unit cost for the service and divide the funds requested by the per unit cost. Persons to be served should reflect an unduplicated count (if you serve someone more than once, count them only once). Please indicate under the "Proposed Service Units" both the number and type of service unit you will provide, i.e., 1,000 nights of shelter, 25 utility bills to be paid, etc.
- II. Match may be cash or in-kind, but it must be documented during program operations, reported monthly with each request for reimbursement, and is subject to review during monitoring. Matching must be used in providing the same or closely related services. Applications should list sources and uses of proposed match.
- III. Please list the services that your organization currently provides to the relevant population groups. This should include all services that are provided to homeless families and individuals, as well as to at-risk persons in danger of becoming homeless without assistance (for example, delinquent rent or utility payments). You may use estimated numbers of persons served, units of service (nights of shelter, meals, trips provided, counseling visits, etc.), and dollars spent for these services. If you need more space, you may photocopy the application form and continue on additional sheets. The purpose of this section is to help us understand how this grant request will relate to your current activities.
- IV. The application should be signed by a person who has been authorized by the Board of Directors or other legally responsible entity.

**Be sure to complete the attached budget page.** Incomplete applications will be returned to the applicant and will not be considered for funding. Contact the CDBG Program Office prior to application submission if you have any questions.

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#### **Note Regarding Submission Date:**

**Any applications not received at the CDBG Program Office by the submission deadline will be considered ineligible for funding. "Received" is defined as: Applications physically delivered or mailed sufficiently early to be physically received at the CDBG Program Office by the application deadline of 5:00 P.M., Friday, April 21, 2006.**

Questions or requests for additional information may be addressed to the Cobb County CDBG Program Office at **(770) 528-4600**.



**APPLICATION FORM - PY 2007**  
**EMERGENCY SHELTER GRANT PROGRAM**  
 COBB COUNTY CDBG PROGRAM OFFICE

Applicant Name (Agency or Organization):

Applicant Address:

City:  GA Zip Code:

Contact Person:  Tel. Number:

| <b>I. Proposed ESG Funded Services</b>     | <b># Persons To Be Served</b> | <b>Proposed Funds Service Units</b> | <b>Dollar Amount Requested</b> |
|--|-------------------------------|-------------------------------------|--------------------------------|
| <u>a. Shelter Operating Costs</u>          | <input type="text"/>          | <input type="text"/>                | \$ <input type="text"/>        |
| <u>b. Essential Services</u>               | <input type="text"/>          | <input type="text"/>                | \$ <input type="text"/>        |
| <u>c. Homeless Prevention</u>              | <input type="text"/>          | <input type="text"/>                | \$ <input type="text"/>        |
| <u>d. Renovation, Rehab, or Conversion</u> | <input type="text"/>          | <input type="text"/>                | \$ <input type="text"/>        |
| <b>Total Funds Requested</b>               |                               |                                     | \$ <input type="text"/>        |

**II. List sources and amounts of proposed match (project requires a 100% non-federal match):**

|  |  |
|--|--|
| Source: <input type="text"/>   | Amount of Match: \$ <input type="text"/> |
| Source: <input type="text"/>   | Amount of Match: \$ <input type="text"/> |
| Source: <input type="text"/>   | Amount of Match: \$ <input type="text"/> |
| Source: <input type="text"/>   | Amount of Match: \$ <input type="text"/> |
| <b>Total Match (must be equal to or greater than grant request):</b> | <b>\$ <input type="text"/></b>           |

**III. Services currently provided to at-risk and homeless population in Cobb County on an annual basis:**

| Service              | Number of Persons    | Number of Service Units | Approximate Expenditures |
|----------------------|----------------------|-------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |
| <b>Total</b>         | <input type="text"/> | <input type="text"/>    | \$ <input type="text"/>  |

**IV. Certification:** I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

\_\_\_\_\_  
 Signature of Authorized Applicant Representative

\_\_\_\_\_  
 Date



**Exhibit 1 - Application Budget**  
**Emergency Shelter Grant Program Budget - PY 2007**  
Cobb County, Georgia

Applicant Name (Agency or Organization):

| Type of Expense   | Budget    | Requested  |
|---|-----------|--|
| <b>1. Operating Expenses</b>  |           |  |
| A. Custodial Supplies   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| B. Office Supplies  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| C. Utilities  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| D. Insurance  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| E. Emergency Medical Supplies   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| F. Bedding  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| G. Clothing   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| H. Telephone  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| I. Printing   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| J. Transportation   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| K. Rent/Lease Payments  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| L. Legal Costs  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| M. Furnishings  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| N. Shelter Staff [Max. 10% of grant]  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| O. Other <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>P. Total Operating Expenses (Total of 1.A. - 1.O.)</b>   | <b>\$</b> | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>2. Essential Services Costs (Maximum: 30% of Grant)</b>  |           |  |
| A. Employment Services  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| B. Physical Health  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| C. Mental Health  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| D. Substance Abuse  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| E. Education  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| F. Food   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| G. Other <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>H. Total Service Costs: 2.A. - 2.G. (May not exceed 30% of Line 5.)</b>                                | <b>\$</b> | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>3. Prevention of Homelessness (Maximum: 30% of Grant)</b>  |           |  |
| A. First Month's Rent/Security Deposits   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| B. Landlord-Tenant Mediation  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| C. Legal Services   | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| D. Mortgage Payments  | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| E. Other <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> | \$        | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>F. Total Prevention Costs: 3.A.-3.E. (May not exceed 30% of Line 5.)</b>                               | <b>\$</b> | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>4. Renovation/Rehabilitation/Conversion Expenses</b><br><b>[Attach Plans/Specifications]</b>           | <b>\$</b> | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <b>5. Total Grant Request [1.P.+2.H.+3.F.+4]</b>  | <b>\$</b> | <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |

\_\_\_\_\_  
Signature of Authorized Applicant Representative

\_\_\_\_\_  
Date